Form No. 611 R9/97

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## **OBJECTION TO APPLICATION**

**INSTRUCTIONS** 

Use this form when objecting to an application for a water use permit, change authorization or reservation of water. Use one form for each application.

A person has standing to file an objection if his or her property, water rights, or interests would be adversely affected by the proposed appropriation. Individual water right owners must file separate objections.

A CORRECT AND COMPLETE OBJECTION FORM MUST BE RECEIVED OR POSTMARKED ON OR BEFORE THE DEADLINE SPECIFIED IN THE PUBLIC NOTICE.

**FILING FEE: \$25.00** 

## FOR DEPARTMENT USE ONLY

Postmarked Date \_\_\_

DRRECT AND COMPLETE OBJECTION FORM MUST BE RECEIVED OR	Date Received Rec'd By Fee Rec'd		
TMARKED ON OR BEFORE THE DEADLINE SPECIFIED IN THE PUBLIC			
CE.	Check No		
ING FEE: \$25.00	Transmittal No.		
	Refund		
NAME OF OBJECTOR			
Mailing Address			
CitySt	ate Zip		
Home Phone Other Phone			
APPLICATION BEING OBJECTED TO			
a) Type of Application: Permit   Authorization to Change   Reservation	rvation of Water $\square$		
b) Application No.			
c) Name of Applicant			
d) Source of Water County			
STATE THE FACTUAL BASIS OF YOUR OBJECTION			
<ul> <li>a) OBJECTION TO PERMIT APPLICATION must provide facts tending to show MCA are not met.</li> </ul>	one or more of the criteria in Section 85-2-311,		
<ul> <li>b) OBJECTION TO CHANGE APPLICATION must provide facts tending to show MCA are not met.</li> </ul>	v one or more of the criteria in Section 85-2-402,		
c) OBJECTION TO APPLICATION RESERVATION OF WATER must provide fa	cts tending to show one or more of the criteria in		

C)	Section 85-2-316, MCA are not met.
	NOTE: Water quality objections must contain substantial credible information establishing to the satisfaction of the department that the water quality criteria cannot be met by the applicant.

STATE TH	L BASIS OF TOOK WA					
<b>□</b> (W)	Statement of Claim No	O				
☐ (P)	Permit to Appropriate	Water No.				
☐ (C)	Certificate of Water Right No.					
☐ (Y/D)						
☐ (M/R)		No				
☐ (E)	Exempt Existing Wate	r Right (no claim filed; con	nplete items below)			
	Date of First	Use:				
		propriator:				
	Type of Use:	•	Domestic C			
	* *	d: Flow Rate	Gallons Per	Minute:	Volume	Acre-Fee
	Point of Dive			,		
		_1/41/4 Section	Twn N/S R	ne F/M		Cour
		Block Tract No	· · · · · · · · · · · · · · · · · · ·	-		
		ODIFICATIONS UNDER W RESERVATION, OR EXTE		AGREE TO T	THE ISSUANCE	OF THE PERM
	DIC CICNATURE				DATE	
ОВЈЕСТО	R'S SIGNATURE				DATE	
	R'S SIGNATURE	_	_		DATE	
ARE YOU	REPRESENTED BY CO	OUNSEL? YES	ио □		DATE	
ARE YOU PERSON	REPRESENTED BY CO	OUNSEL? YES •• M, if different from objector	NO 🗖 9. COUNSEL, if a	any		
ARE YOU PERSON	REPRESENTED BY CO	OUNSEL? YES •• M, if different from objector	NO 🗖 9. COUNSEL, if a	any	DATE	
ARE YOU PERSON I	REPRESENTED BY CO	OUNSEL? YES •  M, if different from objector	9. <b>COUNSEL</b> , if a	any		
ARE YOU PERSON I Name	REPRESENTED BY CO	OUNSEL? YES  M, if different from objector	9. COUNSEL, if a	any		
PERSON I Name Mailing Addre	REPRESENTED BY CO	OUNSEL? YES  M, if different from objector	9. COUNSEL, if a Name Mailing Address City, State, Zip	any		
ARE YOU PERSON I Name	REPRESENTED BY CO	OUNSEL? YES  M, if different from objector	9. COUNSEL, if a	any		
PERSON I Name Mailing Addre City, State, Zi	REPRESENTED BY CO	OUNSEL? YES  M, if different from objector	9. COUNSEL, if a Name Mailing Address City, State, Zip Phone	any		
ARE YOU PERSON I Name Mailing Addre City, State, Zi Phone	REPRESENTED BY CO	M, if different from objector  WATER RESOURCE Havre	9. COUNSEL, if a Name Mailing Address City, State, Zip Phone	FFICES Lewistown		
PERSON I Name Mailing Addre City, State, Zi Phone Billings 1537 Av	REPRESENTED BY CO	M, if different from objector  WATER RESOURCE	9. COUNSEL, if a Name Mailing Address City, State, Zip Phone	FFICES  Lewistown 613 NE		
ARE YOU PERSON I Name Mailing Addre City, State, Zi Phone Billings 1537 Av Billings, Phone: 4	PREPARING THIS FOR  PSS  Penue D, Suite 121 MT 59102 106-657-2105	WATER RESOURCE Havre P.O. Box 1828 Havre, MT 59501-	9. COUNSEL, if a Name Mailing Address City, State, Zip Phone	FFICES  Lewistown 613 NE Lewisto Phone:	E Main Street, Suite E own, MT 59457-2020 : 406-538-7459	
ARE YOU PERSON I Name Mailing Addre City, State, Zi Phone Billings 1537 Av Billings, Phone: 4 Fax: 406 Serving:	PREPARING THIS FOR  PREPAR	WATER RESOURCE  Havre  210 6th Avenue P.O. Box 1828 Havre, MT 59501- Phone: 406-265-5: Fax: 406-265-2225	9. COUNSEL, if a Name Mailing Address City, State, Zip Phone  SS REGIONAL O	FFICES  Lewistown 613 NE Lewisto Phone: Fax: 40 Serving	E Main Street, Suite E own, MT 59457-2020 : 406-538-7459 06-538-7089 g: Cascade, Fergus, Go	olden
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